

# Vision Service Plan (VSP) Enrollment/Change Form

**(District name)**

Fallbrook Union High SD



Effective Date \_\_\_\_\_

Employee SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

**Enrollment Status:**

**Dependent Information:**

Action	Last Name, First Name, MI	Gender	Relationship	DOB
		M F		/ /
		M F		/ /
		M F		/ /
		M F		/ /
		M F		/ /
		M F		/ /

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Return to Angie Goode in Business Services: [angelagoode@fuhsd.org](mailto:angelagoode@fuhsd.org)